

The Adventure Programs
10555 Spring Cypress Rd.
Houston, TX 77070
281-378 4080 (Fax: 281-378 4081)

The shot record and health statement may be attached but you must still complete the top and bottom portions of this form and sign.

Health Form

Child's Name: _____ Birthdate: ____/____/____
(Last) (First) (Middle) mo / day / yr

Doctor's Name: _____ Address: _____ Phone: _____

Contagious Diseases: (check the ones that the child has had)

___ Measles (Rubeola) ___ Mumps ___ Rubella ___ Chicken Pox ___ Scarlet Fever ___ Others (list) _____

Immunization Dates (mo/day/yr)

This form must be on file before your child can start school.

	1	2	3	4	5
DTP/DTaP	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
OPV/IPV	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
MMR:	___/___/___	___/___/___	___/___/___		
HepB:	___/___/___	___/___/___	___/___/___	___/___/___	
HiB:	___/___/___	___/___/___	___/___/___	___/___/___	
Varicella	___/___/___	___/___/___	Or: Date of Disease	___/___/___	
Me:	___/___/___	Mu: ___/___/___	Ru: ___/___/___		
Td:	___/___/___	___/___/___	___/___/___		
Influenza	___/___/___	___/___/___			
HepA:	___/___/___	___/___/___			
Pneumococc(Prevnar)	___/___/___	___/___/___			Roto: ___/___/___

Has your child had any operations? (If so, list date and information): _____

Does your child have any allergies? (If yes, please describe): _____

Other information about your child's health that might be helpful: _____

Has your child ever had any developmental problems? (Speech, hearing, etc.) _____

To my knowledge, this child is free from any communicable disease: ___ yes ___ no

Children ages 4 and older (by Sept 1st) will be screened for Vision and Hearing as required by the State of Texas.

Health Care Professional's Statement: I have examined the above named child within the past year and find that he/she is physically able to take part in the child-care program.

Parent's Signature

Date

Doctor's Signature

Date

Doctor's Address

A Statement of Health is required for each child enrolled in the program each year. Your Health Care Professional's form and a copy of the child's shot record may be attached to this form. The shot record is not considered the Statement of Health.